



# VIRGINIA PHARMACISTS ASSOCIATION

*Pharmacists helping  
pharmacists to  
improve patient care.*

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1. Gaps in Coverage/Transition Issues for Low-Income Virginians:
  - a. # of low-income patients have never applied LIS through Social Security
  - b. Some dual-eligible patients are paying more for prescriptions with Medicare Part D than they were with Medicaid coverage due to co-pay/formulary issues.
  - c. Changes in eligibility for patients that used to meet the criteria for most PAPs but do not qualify for LIS because their resources are slightly over the limit
2. Aspects of current Medicare Part D coverage causing greatest problems for eligible low-income patients:
  - a. Lack of knowledge of the availability of the LIS.
  - b. Dual-eligible patients who were auto-enrolled in a plan that may not cover many of their medications and they do not know that they can switch plans at any time. However, switching plans may be a difficult task if patients do not have assistance.
  - c. Patients are not aware of options if they have a fixed income and do not qualify for extra assistance and they will reach the gap. (PAPs, switching to generics, etc.).
  - d. Getting coverage for drugs that are not on a plan's formulary involves rather complex processes. This population, which may include a high incidence of cognitive impairment and lack of resources, makes navigating those processes more difficult than for other beneficiaries.
  - e. Getting exceptions is also difficult; it would help if these processes could be uniform for all plans, with a single form made available to all physicians and pharmacists. Perhaps more money should be made available to programs that provide individualized assistance to beneficiaries.
3. Role of PAPS in filling gaps in Medicare Part D coverage (doughnut hole):
  - a. Many of the pharmaceutical companies that had originally planned to disenroll seniors from their Patient Assistance Programs (PAPs) are now changing their plans. This is due in large part to the Schering Plough opinion from the Office of Inspector General (OIG) which was issued in early May. (*Opinion No. 06.03*) This opinion approves the distribution of PAP meds to Medicare Part D patients who had reached the "donut hole." The value of the meds however, cannot be used towards TROOP. This opinion was attached with the letter sent to the workgroup from Patrick Finnerty.
  - b. A few of the other drug companies have followed suit and are filing for Opinions as well, while others are taking the lead from this and allowing seniors to participate in their PAPs. As a result, PAP availability for seniors is currently in a state of flux, as each company determines how it will react to the OIG opinion. Since the meds offered through the PAPs during the time when the patient is in "the donut hole", are not counted towards TROOP, the patient remains in the hole from the time s/he enters until the year ends. Then they enroll in a prescription drug insurance plan, and the cycle starts again. The list located at <http://www.rxassist.org/docs/medicare-and-paps.cfm> and it provides the most up to date summary of how PAPs are handling seniors and Part D.
  - c. In addition, other programs available include programs specifically for generic medications. Both [Rx Outreach](#) and [Xubex Pharmaceutical](#)

Services offer patient assistance programs for generic drugs. These programs differ from all other patient assistance programs in that the pharmaceutical manufacturer of the drug does not offer them. They are programs that include several different generic drugs that are purchased by the company and then made available for a fee to low income individuals. Both companies have income requirements to be eligible and both charge a fee to receive the medication. Xubex charges shipping and handling as well.

- d. Patient Advocate Foundation's Co-Pay Relief (CPR) Program <http://www.copays.org/> provides direct co-payment assistance for pharmaceutical products to insured Americans who financially and medically qualify (usually a diagnosis of cancer, immunological problems). This organization began accepting Medicare Part D recipients on January 1, 2006 CPR will begin welcoming new Medicare Part D beneficiaries who require assistance with their pharmaceutical co-payments. The Program offers personal service to all patients through the use of CPR call counselors; personally guiding patients through the simple enrollment process.
4. Next steps
- a. Coordination of system with PAPs to work toward making needed medications available to patients with Medicare Part D that reaches the doughnut hole.
  - b. Most PAPs assist patients in applying for extra assistance – this practice should be encouraged and continued.
  - c. Make obtaining Medicaid denial letter less cumbersome – these have to be supplied to most PAPs.
  - d. In the ideal world, make available PAPs to those that are below the PAP income requirement and above the LIS requirement.

**Becky**

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